Referral Essentials

Elements that make a good referral

All referrals

**Px details**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name | Date of Birth | NHS number | GP details |
| Address | Telephone | Email | Additional needs |

**Referrer details**

|  |  |  |  |
| --- | --- | --- | --- |
| Optom Name | GOC number |  |  |
| Practice Name | Address | Telephone | Email |

**Referral summary**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for referral | Clinic type | Urgency | HES site preferred |
| Summary statement for GP – e.g. notification only or action required by GP |

**General Info**

|  |  |  |  |
| --- | --- | --- | --- |
| POH | Px Rx | V or VA | Pinhole if VA poor |
| GH | Meds | Allergies | FHx |

Select referrals

**Specifics by area**

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| --- | --- | --- |
| Glaucoma:* IOP (applanation)
* VF (attached)
* AC angle
* Disc assessment
* Disc images/OCT (if poss)
* Risk factors
* Refraction
 | Cataract:* VA/pinhole
* Rx
* Previous Rx/VA if available
* Any notable Rx shift
* Symptoms/QoL
* Dilated fundoscopy
* Refractive aims
 | Suspect swollen discs:* Symptoms
* VA
* Pupils
* Monocular colour vision
* OMB/motility
* VF
* Disc assessment
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| Adult Cornea:* Rx
* VA
* Corneal description
* Keratometry/topography if suspect kerataconnus
* If encroaching visual axis
* CL Hx/POH
 | Macula:* VA and pinhole if poor
* Symptoms
* Amsler
* Macular description
* Images/OCT
 | Paeds:* VA
* Refraction (cyclo if poss)
* If suspect squint then CT, motility, stereopsis, corneal reflexes
* Birth/Development & FHx
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**Specifics by test**

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| **Visual Acuity** |
| Unaided (if applicable) | Spec Rx | VA  |
| Pinhole if poor VA | Previous Rx if aids referral |  |

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| **IOP** |
| IOP reading | Instrument used | Time of day |

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| **Fields** |
| Test performed | Description of findings | Copy attached |

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| **Disc** |
| vCD ratio | Disc size | NRR description |
| Colour | Cup depth | Vessel concerns |

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| **Macula** |
| Description | Drusen | Pigment |
| Haemorrhages | Fluid/exudate | Amsler |

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| **Vitreous** |
| Tobacco dust | Weiss ring | Asteroid hyalosis |
| Posterior vitreous face | VMA/VMT | Lattice/peri degeneration |

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| **Retina** |
| Physiological variations | Tears/holes | Pigmentation |
| Drusen | Diabetic/Vascular  | Other chorio/retinopathy |

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| **Lids/lashes** |
| Lid malposition | Blepharitis | Lumps/bumps |

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| **Anterior Eye** |
| Cornea | Conjunctiva | Tear film |
| Anterior chamber | Iris | Lens |

|  |
| --- |
| **Any Lesion** |
| Location | Size | Colour |
| Morphology | Edges | Associations |

Triage and History Taking Considerations

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Management Considerations

Is it imminently life or sight threatening?

* Yes – Emergency to EyeCas or A&E
* No – next question

Is urgent care required?

* Yes – refer to EyeCas (ophthalmic) or A&E/GP (systemic)
* No – next question

Is there sufficient justification for referral? (see referral criteria)

* Yes – refer routinely, identify relevant clinic/HES, attach all necessary information
* No – consider monitoring/discharge

Note:

* There are risks and benefits to any intervention
* Treatment funding under NHS follow stringent guidelines
* Not all treatments are funded by NHS

Final Referral Checklist

* Correct px details ?
* Is referral required ?
* Correct clinic ?
* Correct HES choice ?
* Correct level of urgency ?
* Have you clearly identified your reason for referral ?
* Have you provided all relevant evidence for your referral ?
* Have you attached all necessary attachments